
State:	District of Columbia	Filing Company:	Reliance Standard Life Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Fixed Indemnity Benefit		
Project Name/Number:	New Indemnity/1		

Filing at a Glance

Company:	Reliance Standard Life Insurance Company
Product Name:	Group Fixed Indemnity Benefit
State:	District of Columbia
TOI:	H14G Group Health - Hospital Indemnity
Sub-TOI:	H14G.000 Health - Hospital Indemnity
Filing Type:	Rate
Date Submitted:	02/25/2014
SERFF Tr Num:	RSLI-129428716
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	LRS-9497-0613
Implementation	On Approval
Date Requested:	
Author(s):	William Dougherty, John Martin, Jeff Sheats
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	03/12/2014
Disposition Status:	APPROVED
Implementation Date:	03/12/2014

State Filing Description:

State:	District of Columbia	Filing Company:	Reliance Standard Life Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
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General Information

Project Name: New Indemnity	Status of Filing in Domicile: Authorized
Project Number: 1	Date Approved in Domicile: 09/26/2013
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer, Association, Trust	Overall Rate Impact:
Filing Status Changed: 03/12/2014	
State Status Changed:	Deemer Date:
Created By: Jeff Sheats	Submitted By: Jeff Sheats
Corresponding Filing Tracking Number: Form Filing - RSLI-129429235	

Filing Description:

RE: Reliance Standard Life Insurance Company
NAIC #: 074-68381
FEIN #: 36-0883760

Actuarial Filing for Group Fixed Indemnity Benefit Policy: LRS-9497-0613 (DC) et al

Attached for your review and approval is the Actuarial Filing in support of the above referenced forms, submitted on behalf of Reliance Standard Life Insurance Company. The forms and Actuarial support are new and are not intended to replace any forms previously approved by your Department.

The Policy is an accident and sickness insurance policy that is designed to provide health benefits, payable on a fixed indemnity basis, to persons who are eligible. Dependent coverage may be made available as well. The policy will be issued to insure eligible groups in your state (primarily employers). The forms have been submitted under separate cover (SERFF TR Number RSLI-129429235).

Company and Contact

Filing Contact Information

Jeff Sheats,	jsheats@exllc.com
6625 Lyndale Ave. South	612-354-7744 [Phone]
Richfield, MN 55423	

Filing Company Information

Reliance Standard Life Insurance Company	CoCode: 68381	State of Domicile: Illinois
2001 Market Street	Group Code: 3098	Company Type:
Suite 1500	Group Name:	State ID Number:
Philadelphia, PA 19103-7090	FEIN Number: 36-0883760	
(800) 351-7500 ext. [Phone]		

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Reliance Standard Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memorandum	LRS-9497-0613 (DC), LRS-9498-0613 (DC)	New		2013 New RSL Indemnity Policy Act Memo Final.pdf,

Reliance Standard Life Insurance Company

Fixed Indemnity Benefit Plan Actuarial Rate Memorandum Group Policy Form Series LRS-9497-0613

Scope and Purpose

This is a new rate filing. This memorandum is for the purpose of demonstrating that the anticipated loss ratio of this product meets minimum requirements. This rate filing is not intended to be used for other purposes.

Benefit Description

Subject to the terms, conditions, exclusions, and limitations set forth in the group policy including maximum benefit levels, the following is a description of benefits which may be covered by this policy. Table 1 shows a sample benefit design expected to be offered. This will be adjusted or refined to create reasonable variations of the benefits shown. Not all benefits may be available in each policy, as enrolling groups design their plans.

1. *Hospital Confinement Daily Income Benefit.* A daily benefit will be provided for inpatient confinement in a hospital (as defined in the policy) for each day confined up to a maximum benefit and subject to the limitations contained in the policy form. A daily benefit may also be provided for each day confined in a critical care unit (as defined in the policy) of a hospital. Confinements for mental illness, alcoholism and substance abuse may also be limited as specified in the policy form.
2. *Hospital Admission Benefit.* This benefit will be provided for each inpatient admission to a hospital. Benefits will be paid as a lump sum and may vary based on the primary diagnosis for the hospital admission as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
3. *Hospital Discharge Benefit.* This benefit will be provided upon discharge from an inpatient hospital confinement of at least one day. Benefits will be paid as a lump sum and are calculated as a daily amount for each day confined up to a maximum benefit and subject to the limitations contained in the policy form.
4. *Surgery Benefit.* This benefit will be provided for each day surgery performed. Benefits may vary based on inpatient versus outpatient, as specified in the policy's Schedule of Benefits, and the daily benefit for a specific surgery is calculated as a unit value multiplied by the CMS National Physician Fee Schedule Relative Value Scale. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form. A separate daily benefit may also be provided for the use of an operating room while confined in a hospital.
5. *Outpatient Facility Visits Benefit.* This benefit will be provided for each day an insured visits an outpatient setting for a covered event. The events to be covered, as specified in the policy's Schedule of Benefits, may consist of surgeries, therapies, dialysis, diagnostic cardiovascular procedures and chemotherapy that are delivered by qualified personnel trained specifically to provide such treatments.

Reliance Standard Life Insurance Company

Fixed Indemnity Benefit Plan
Actuarial Rate Memorandum
Group Policy Form Series LRS-9497-0613

This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.

6. *Anesthesia Benefit.* This benefit will be provided for each day an insured is administered anesthesia. Benefits may vary based on inpatient versus outpatient sessions as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
7. *Emergency Room Benefit.* This benefit will be provided for each day an insured visits an emergency room as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
8. *Outpatient Doctor Visits Benefit.* This benefit will be provided for each day an insured visits with a doctor as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
9. *Outpatient Diagnostic Radiology Procedures Benefit.* This benefit will be provided for each day an insured receives those diagnostic radiology procedures, as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
10. *Outpatient Diagnostic Laboratory Procedures Benefit.* This benefit will be provided for each day an insured receives those diagnostic laboratory procedures, as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
11. *Wellness Benefit.* This benefit will be provided for each day an insured visits a doctor's office for services that are preventive in nature as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
12. *Therapeutic and Rehabilitative Care Benefit.* This benefit will be provided for each day an insured receives therapeutic and rehabilitative care, as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
13. *Private Duty Nursing and Home Health Care Benefit.* This benefit will be provided for each day an insured receives a session of individual care by a registered nurse hired to provide such care to an insured while the insured is admitted to a hospital. Home Health Care is the range of medical and other

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health related services such as physical therapy, nursing, counseling, and social services that are delivered in the home of an insured, by qualified personnel trained specifically to provide such services. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.

14. *Durable Medical Equipment (DME) Benefit.* This benefit will be provided for each day an insured purchases or rents the prescribed items of medical equipment, as specified in the policy's Schedule of Benefits, which are placed in the home of an insured to facilitate treatment and/or rehabilitation. DME generally consist of items that can withstand repeated use. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
15. *Ambulance Transportation Benefit.* This benefit will be provided for each day an insured takes a trip in an ambulance. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
16. *Prescription Drug Benefit.* This benefit will be provided for each day an insured receives a prescription. Benefits may vary based on generic versus brand name drugs as specified in the policy's Schedule of Benefits. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.
17. *Additional Accident Benefit.* This benefit will be provided for each day an insured experiences covered events due to a covered accident. The events to be covered by this benefit, as specified in the policy's Schedule of Benefits, are for treatment of the injury sustained in the accident. This benefit is provided up to a maximum benefit and subject to the limitations contained in the policy form.

A complete description of benefits and limitations is contained in the policy form.

Renewability

The individual certificates can only be terminated for reasons stated in the policy. The group policy is cancelable subject to the prior notification requirement contained in the policy. The company reserves the right to change premiums from time to time on in-force policies.

Applicability

There will be new business issues and renewals from the new business issues under this policy form.

Reliance Standard Life Insurance Company

Fixed Indemnity Benefit Plan Actuarial Rate Memorandum Group Policy Form Series LRS-9497-0613

Morbidity Basis

The primary source of morbidity data is the 2010 Milliman Health Cost Guidelines (HCGs) and the 2010 Resource-Based Relative Value Scale (RBRVS) tables. This data was supplemented by the July 2008 National Health Statistics reports. Claim costs were discounted 10% to reflect expected lower utilization from these limited benefit designs. The rate basis will be updated to reflect Milliman then current data and will be modified, if appropriate, by emerging experience in a manner consistent with Milliman's data. The Milliman HCGs are a compilation of data from published and unpublished sources, including data from HMOs, insurance companies, Blue Cross/Blue Shield organizations, and other self-insured groups. As new benefit designs are developed and marketed under this policy form, actuarially equivalent rates will be determined based on reviews of the underlying experience for similarly designed groups and the original morbidity assumptions.

Claim costs were derived for each benefit by multiplying a unit factor times a claim cost (per dollar of benefit) developed from utilization based on continuance tables. For each benefit, a sample claim cost is shown below. Since benefits may be negotiated with each group, expected claim costs will vary by plan and annual limit levels.

The following is illustrative of claim costs for each of the benefits available under the policy form.

<u>Benefit</u>	<u>Unit Factor</u>	<u>Annual Limit</u>	<u>Annual Claim Cost</u>
Hospital Inpatient Room & Board			
Daily Room & Board (Semi-Private) - Sickness	\$400/Day	60 Days	\$59.41
Daily Room & Board (Semi-Private) - Accident	\$600/Day	30 Days	\$86.20
Daily Room & Board (CCU) - Sickness & Accident	\$1,000/Day	15 Days	\$69.52
Hospital Discharge (or Admission)	\$500/Year	1 Discharge	\$25.55
Mental & Nervous	\$100/Day	10 Days	\$1.44
Alcohol & Substance Abuse	\$100/Day	10 Days	\$0.77
Surgery (Inpatient & Outpatient)	\$50/Unit	\$500/Day/Surgery	\$72.37
Outpatient Surgical Facility	\$200/Day	2 Daily Benefits	\$15.91
Anesthesia (Inpatient & Outpatient)		\$100/Day/Surgery	\$14.48
Emergency Room	\$50/Day	3 Daily Benefits	\$2.87
Outpatient Doctor Visits	\$75/Day	5 Daily Benefits	\$126.12
Outpatient Diagnostic Radiology	\$30/Day	4 Daily Benefits	\$17.18
Outpatient Cardiovascular	\$50/Day	3 Daily Benefits	\$10.49
Outpatient Diagnostic Lab	\$30/Day	4 Daily Benefits	\$21.72

Reliance Standard Life Insurance Company

Fixed Indemnity Benefit Plan Actuarial Rate Memorandum Group Policy Form Series LRS-9497-0613

<u>Benefit</u>	<u>Unit Factor</u>	<u>Annual Limit</u>	<u>Annual Claim Cost</u>
Wellness	\$30/Day	1 Daily Benefit	\$12.24
Therapeutic and Rehabilitative Care	\$50/Day	3 Daily Benefits	\$10.62
Private Duty Nursing & Home Health Care	\$50/Day	3 Daily Benefits	\$2.23
Durable Medical Equipment (DME)	\$100/Day	1 Daily Benefit	\$5.56
Ambulance Transportation	\$100/Day	1 Daily Benefit	\$1.52
Oncology & Dialysis Services	\$50/Day	3 Daily Benefits	\$21.45
Prescription Drugs – Generic	\$10/Day	10 Daily Benefits	\$56.92
Prescription Drugs – Brand Name	\$50/Day	5 Daily Benefits	\$31.93
Additional Accident Benefit	\$1,000/Yr	1 Hosp Discharge	\$4.35
	\$500/Day	1 Daily Benefits	\$14.96

Base claim costs may be adjusted by maximum/minimum benefit levels, and any inside limits negotiated with the group sponsor. These limits will be set forth in the Schedule of Benefits. Table 1 illustrates a sample plan design and the corresponding claim costs for the sample design.

In addition, claims costs may be adjusted by:

- A Census Utilization Factor of:

- a) 0.62 when group average age is 25 or less
- b) 0.63 - 0.67 when group average age is 26 - 29
- c) 0.68 - 0.73 when group average age is 30 - 34
- d) 0.74 - 0.8 when group average age is 35 - 39
- e) 0.81 - 0.92 when group average age is 40 - 44
- f) 0.93 - 1.11 when group average age is 45 +

The factors above assume a 50/50 gender split and may be adjusted for groups with unequal populations.

- A reduction factor of up to 25% for plan sponsor contributions reflecting expected increased participation.
- A loading factor of up to 15% for groups with previous major medical coverage in force.
- A loading factor to reflect unique risks presented by selected industry categories (e.g. trucking companies).

Area factors and trend factors are discussed below in their appropriate sections.

For larger groups with previous experience under similar plans, claim costs based on case specific experience data may be substituted for manual claim costs. This substitution will not take place for groups with less than 200 participants.

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Mortality

Due to the one-year renewable nature of the group pricing, we assumed no impact due to mortality.

Persistency

Due to the one-year renewable nature of the group pricing, we assumed no impact due to lapses.

Marketing Method

This policy is a group policy that will be marketed to employers by independent employee benefit brokers accessed by group sales representatives. The plan will be individually selected by employees on a payroll deduction or direct payment basis. The target market is employees who generally do not qualify for an employer's group plan for full-time employees.

Underwriting

This policy will be guaranteed issued to individual certificate holders within this group. Groups may be subject to group underwriting.

Premium Classes

Premium rates can be a two-tier, a three-tier, a four-tier or a five tier structure. For two-tier rates, premiums are determined for Insureds and family. For three-tier rates, premiums are determined for Insured, Insured plus one dependent, and family. For four-tier rates, premiums are determined for Insured, Insured plus one dependent, Insured plus spouse and child and family. For five-tier rates, premiums are determined for Insured, Insured and spouse, Insured plus one dependent, Insured plus children and Family. The table below shows the approximate relationship of the multi-tier rates to the Insured rate. These relationships were determined based on the experience analyzed. Alternate relationships may develop based on experience and will be incorporated into future rates.

Premium rates are determined based on the average age of the group. The same rates are then charged to all individuals within a group.

Approximate Relationship of Multi-Tier Rates to Insured Rate				
	Two-Tier	Three-Tier	Four-Tier	Five-Tier
Insured	1.00	1.00	1.00	1.00
Insured and Spouse	N/A	N/A	N/A	2.11
Insured, Spouse and Child	N/A	N/A	2.83	N/A
Insured + 1	N/A	2.11	2.11	1.50
Insured & Children	N/A	N/A	N/A	2.53
Family	2.60	3.36	3.36	3.36

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Issue Age Range

Benefits under this policy are available to those actively employed.

Area Factors

Area factors are not applied.

Average Annual Premium

Premiums are developed on a weekly basis and will vary by group based on the average age of the group and the plan benefits, unit amounts, and maximums chosen by the plan sponsor. Sample premiums for policies issued in 2013 are shown in Table 1 for a sample benefit design reflecting the expected benefit components. These may be adjusted or refined in the future to create reasonable variations of the plans shown. As new benefit designs are developed and marketed under this policy form, actuarially equivalent rates will be determined based on reviews of the underlying experience for similarly designed groups and the original morbidity assumptions.

The average annual premium range per certificate for these benefits is expected to be \$900 to \$1,500 on a nationwide basis.

Premium Modalization Rules

Premiums for modes other than weekly will be the weekly rate times the number of weeks in the mode. The expected mode will be weekly or monthly.

Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. Incurred But Not Reported (IBNR) reserves will be calculated as a factor of earned premium, based on monthly/quarterly lag studies of past experience. Future lag studies will determine future IBNR reserve levels. Open claim reserves will also be held, upon notification of a claim.

Active Life Reserves

Due to the group rating nature of this product and the annual renewable nature of premiums, active life reserves do not arise.

Trend Assumptions

Medical trend is expected to have a lower impact on this policy form than on comprehensive major medical plans. No medical trend was built into the current pricing structure. Appropriate utilization trend factors may be developed for subsequent periods beyond 2013 if necessary to maintain the anticipated loss ratio. Should utilization trend factors need to be developed to maintain anticipated loss ratios, such trend factors will be documented and applied to rates for existing and new groups. Typically, new business rates will be updated no

Reliance Standard Life Insurance Company

Fixed Indemnity Benefit Plan
Actuarial Rate Memorandum
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more frequently than semi-annually and rates for existing groups will be applied on the policy anniversary at renewal.

Anticipated Loss Ratio

The annual anticipated loss ratio is 50%. The expected loss ratios are calculated by using incurred claims and earned premium on an annual basis. No trend is included in the projection of future expected claims and corresponding premium.

Assumed Distribution of Business

The assumed distribution of business reflects actively employed group business.

Experience on the Form

This is a new policy filing, so no experience is available under this policy form.

Lifetime Anticipated Loss Ratio

The lifetime anticipated loss ratio for this policy form is 50%.

History of Rate Adjustments

This is a new filing and no prior rate adjustments have been made.

Number of Policyholders

This is a new policy form and, therefore, there are no policyholders.

Proposed Effective Date

The policy will be available for sale immediately upon approval.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws of this State and with the rules of the Department of Insurance and that the benefits provided are reasonable in relation to the proposed premiums.



Warren M. Cohen, F.S.A., M.A.A.A.
Vice President Actuarial

Date: August 1, 2013

Reliance Standard Life Insurance Company

Fixed Indemnity Benefit Plan
Actuarial Rate Memorandum
Group Policy Form Series LRS-9497-0613

Table 1 - Sample Plan Design

<u>Benefit Type</u>	<u>Benefit</u>	<u>Daily Benefits</u>	<u>Annual Net Claims Cost</u>
In Hospital	R & B	\$500/Day; 90 Days/CY	\$119.90
	Psych	\$100/Day; 25 days/CY	\$1.94
	Sub. Abuse	\$100/Day; 25 days/CY	\$1.03
Critical Event	Cancer (Malignant Neoplasm)	\$4,000 Lump Sum; 1 Admission/CY	\$15.49
	Heart Disease	\$3,000 Lump Sum; 1 Admission/CY	\$27.87
	Accident	\$2,000 Lump Sum; 1 Admission/CY	\$12.35
	Stroke (CVA)	\$1,500 Lump Sum; 1 Admission/CY	\$3.48
	Maternity	\$1,500 Lump Sum; 1 Admission/CY	\$13.94
Surgical	Inpatient Surg. Sched Max	\$1,000; \$70 UV	\$24.49
	Inpatient Anesthesia	20% of Surgical Benefit	\$4.90
	Outpatient Surg. Sched Max	\$1,000; \$70 UV	\$79.18
	Outpatient Anesthesia	20% of Surgical Benefit	\$15.84
Physician Services	New Patient Visit	\$100; 1/CY	\$15.27
	Established Patient Visit	\$70; 5/CY	\$76.10
	Consultation Visit	\$150; 1/CY	\$6.95
	ER Physician Visit	\$100; 1/CY	\$19.10
Lab & Radiology	Radiology Visit - MRI	\$175; 1/CY	\$2.03
	Radiology Visit - CT Scans	\$75; 1/CY	\$1.54
	Radiology Visit - All Other	\$40; 5/CY	\$22.72
	Lab Visit	\$40; 5/CY	\$34.83
Emergency Room	ER Visit Illness - Facility Fee	\$50; 3/CY	\$2.28
	ER Visit Accident - Facility Fee	\$500; 2/CY	\$4.72
Wellness	Annual Physical	\$75; 1/CY	\$17.40
	Mammogram Screening	\$50; 1/CY	\$10.84
	Prostate & Cervical Cancer Screening	\$35; 1/CY	\$7.22
Rx	Generic Script	\$25; 18/year	\$74.24
	Brand Script	\$50; 2/year	\$12.85
Total			\$628.47

2013-14 Annual Premium @ 50.00%

Insured	\$1,256.94
Insured + Spouse	\$2,652.14
Insured + One Child	\$1,885.41
Insured + Children	\$3,180.05
Insured + Family	\$4,223.31

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Product Name:	Group Fixed Indemnity Benefit		
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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	New RSL DC Fixed Indemnity Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	RSL DC Authorization Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	Actuarial Memorandum attached to Rate/Rule Schedule.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	See Actuarial Memorandum attached to Rate/Rule Schedule.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not P&C filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not P&C filing
Attachment(s):	
Item Status:	
Status Date:	

State:	<i>District of Columbia</i>	Filing Company:	<i>Reliance Standard Life Insurance Company</i>
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Product Name:	<i>Group Fixed Indemnity Benefit</i>		
Project Name/Number:	<i>New Indemnity/1</i>		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A - Excepted Benefits. Not ACA related.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A - Excepted benefits, Not ACA related
Attachment(s):	
Item Status:	
Status Date:	



Consulting Underwriters

Suite 400 Woodlake Center
6625 Lyndale Avenue South
Richfield, MN 55423

Jeffrey C. Sheats
612/354-7744

E-mail: jsheats@exlllc.com

February 24, 2014

Mr. Chester A. McPherson
Interim Commissioner
Government of the District of Columbia
Department of Insurance, Securities and Banking
810 First Street NE, Suite 701
Washington, DC 20002

RE: Reliance Standard Life Insurance Company
NAIC #: 074-68381
FEIN #: 36-0883760

Actuarial Filing for Group Fixed Indemnity Benefit Policy: LRS-9497-0613 (DC) et al

Commissioner McPherson:

Attached for your review and approval is the Actuarial Filing in support of the above referenced forms, submitted on behalf of Reliance Standard Life Insurance Company. The forms and Actuarial support are new and are not intended to replace any forms previously approved by your Department.

The Policy is an accident and sickness insurance policy that is designed to provide health benefits, payable on a fixed indemnity basis, to persons who are eligible. Dependent coverage may be made available as well. The policy will be issued to insure eligible groups in your state (primarily employers). The forms have been submitted under separate cover (SERFF TR Number RSLI-129429235).

If you have any questions, please do not hesitate to call our office.

Sincerely,

Jeffrey C. Sheats

Digitally signed by Jeffrey C. Sheats
DN: cn=Jeffrey C. Sheats, o, ou,
email=jsheats@exlllc.com, c=US
Date: 2014.02.24 14:51:48 -06'00'

Jeffrey C Sheats
Compliance Consultant

February 24, 2014

Mr. Chester A. McPherson
Interim Commissioner
Government of the District of Columbia
Department of Insurance, Securities and Banking
810 First Street NE, Suite 701
Washington, DC 20002

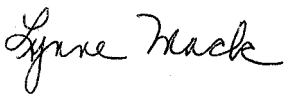
Commissioner McPherson:

This is to inform you that EXL, LLC, 509 South Lenola Road, Building 2, Moorestown, New Jersey, 08057, has been retained to act on our behalf as indicated herein.

EXL, LLC is hereby authorized to act for Reliance Standard Life Insurance Company in any governmental jurisdiction of the United States in matters regarding the filing of forms, rates, and advertising materials, and any other materials incident to the acceptance of such filings, for life and accident and health insurance.

Your cooperation in working with EXL, LLC is greatly appreciated.

Sincerely,



Lynne Mack, CLU
Assistant Vice President, Compliance
Reliance Standard Life Insurance Co.
2001 Market Street, Suite 1500
Philadelphia, PA 19103
1-800-351-7500 Extension 3996
FAX: 267-256-3546